

## Primary Care feedback/notes

Under the summary of interim workgroup recommendations:

- #1: using the term 'seeking care' means that we are eliminating a population that does not seek care. People don't seek care, so this only works for people seeking care. This is not about those seeking care. We should use the term 'all Vermonters' instead of "Vermonters seeking care".
- What does 'whole health support' mean? Different people have different understanding of what whole health means.
- "Vermonters should have whole health support."
- Just embedding in PCP offices is not enough.
- Care Coordination doesn't have to be in health settings. We should look at settings such as libraries – nontraditional health settings.
- Define what embedded means? Where are they embedded. Within Libraries? Within schools?
- Appreciate peers in physical health care settings as it will help to reduce the stigma with medical providers. It will help to 'change the face of mental illness'.
- Instead of bidirectional, we should use the term, multidirectional.
- Any kind of mental health in PCP offices is needed – more than just peer specialist.
- Adult psychiatry is needed in PCP practices.
- Maybe we should have short- and long-term recommendations.
- We need to have core services so no matter what practice I go to then I know I will receive some of the same services.
- We also need to remember the mental health care of professions. What are we doing for those folks?
- Discussion re: workforce and the concern that there are fewer and fewer PCP.
- Peer specialists want to work full time. Part time is not an option for some. The role is not well known in Vermont. Outside of Vermont, it is a very competitive position.
- We should partner with CCBHCs as they need to do some of this work.
- #2 – "explore expanded use of Recovery Coaches and strengthening ties with Substance use system." We want to include peer specialist as first step to integration. "Peer specialist to strengthening ties to Primary Care. Need to reword and expand this sentence.
- #3 – "ensure all care is trauma-informed and equity-based. There is implicit bias within Medical providers so this statement is vague and not specific enough. There is toxic masculinity with Vermonters.
- What exactly do we mean when stating 'trauma informed'? How will we do this?
- Like the AHEAD model – do we have enough to do this model